



Medical Necessity Criteria for Avodart (dutasteride)

Background

Finasteride (Proscar, generics) is the formulary 5-alpha reductase inhibitor available for the treatment of benign prostatic hypertrophy (BPH). Avodart is also a 5-alpha reductase inhibitor indicated only for the treatment of the signs and symptoms of BPH. **Avodart (dutasteride) is non-formulary, but available to most beneficiaries at a non-formulary cost share.** Finasteride (generic) is on the formulary and available at the generic cost share.

Effective Date: October 2008

Patients currently using a nonformulary 5-alpha reductase inhibitor may wish to ask their doctor to consider a formulary alternative.

Special Notes:

1. Active duty cost share always \$0 in all points of service for all three tiers; Active duty cost share always \$0 in all points of service for all three tiers; TRICARE does not cover non-formulary medications for active duty service members unless they are determined to be medically necessary.
2. MTFs will be able to fill non-formulary requests for non-formulary medications only if both of the following conditions are met: 1) a MTF provider writes the prescription, and 2) medical necessity is established for the non-formulary medication. MTFs may (but are not required to) fill a prescription for a non-formulary medication written by a non-MTF provider to whom the patient was referred, as long as medical necessity has been established.

Medical Necessity Criteria for Avodart (dutasteride)

All current and new users of Avodart (dutasteride) must meet one of the following criteria in order for medical necessity to be approved:

1. Use of generic finasteride is contraindicated (e.g., due to hypersensitivity).
2. The patient has experienced or is likely to significant adverse effects from finasteride

Medical necessity Criteria approved through the DoD P&T Committee process August 2008. For more information, please see the [DoD P&T Committee minutes](#).

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TRICARE Management Activity,
a component of the [Military Health System](#)
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TRICARE Pharmacy Program Medical Necessity Form for Avodart



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This form applies to the TRICARE Pharmacy Program (TPharm). The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- The 5-alpha reductase inhibitor on the DoD Uniform Formulary is finasteride; it is available at the formulary cost share. **Avodart (dutasteride) is non-formulary, but available to most beneficiaries at the non-formulary cost share.**
- You do **NOT** need to complete this form in order for non-Active duty beneficiaries (spouses, dependents, and retirees) to obtain Avodart at the non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of Avodart *instead of finasteride* is medically necessary. If Avodart is determined to be medically necessary, non-Active duty beneficiaries may obtain it at the formulary cost share.
- TRICARE will not cover Avodart for Active duty service members unless it is determined to be medically necessary *instead of finasteride*. If Avodart is determined to be medically necessary, it will be available to Active duty service members at no cost share.

MAIL ORDER and RETAIL	<ul style="list-style-type: none"> • The provider may call: 1-866-684-4488 or the completed form may be faxed to: 1-866-684-4477 • The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 or email the form only to: TpharmPA@express-scripts.com 	MTF
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Step 1 Please complete patient and physician information (Please Print)

Patient Name: _____	Physician Name: _____
Address: _____	Address: _____
Sponsor ID # _____	Phone #: _____
Date of Birth: _____	Secure Fax #: _____

Step 2 Please explain why the patient cannot be treated with finasteride. You MUST circle a reason AND supply a specific written clinical explanation.

Formulary Alternative	Reason	Clinical Explanation
Finasteride (generic Proscar)	1 2	

Acceptable clinical reasons for not using a formulary alternative are:

1. Use of finasteride is contraindicated (e.g., due to hypersensitivity).
2. The patient has experienced significant adverse effects from finasteride.

Step 3 I certify the above is correct and accurate to the best of my knowledge. Please sign and date:

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Prescriber Signature Date